

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2011

through

07

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

08

12

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	1836473.19
(b) Cash on Hand at Beginning of Reporting Period	2344330.82	
(c) Total Receipts (from Line 19)	114474.56	1083239.91
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2458805.38	2919713.10
7. Total Disbursements (from Line 31)	63390.72	524298.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2395414.66	2395414.66
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 1 1

To:

M M
0 7D D
3 1Y Y Y Y
2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	61341.33	442574.80
(ii) Unitemized	32277.62	138326.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)	93618.95	580901.64
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	93618.95	585901.64
12. Transfers From Affiliated/Other Party Committees	20600.00	489275.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	1334.52
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	255.61	1228.75
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	114474.56	1083239.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	114474.56	1083239.91

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	140.72	3298.44	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	140.72	3298.44	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63000.00	520750.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	250.00	250.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	250.00	250.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	63390.72	524298.44	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63390.72	524298.44	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	93618.95	585901.64
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	93368.95	585651.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	140.72	3298.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1334.52
38. Net Operating Expenditures (subtract Line 37 from Line 36)	140.72	1963.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Arthur A Ushijima

Mailing Address 1099 Alakea Street, Suite 1100

City

Honolulu

State

HI

Zip Code

96813-4512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Queen's Health Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 1

Transaction ID: 19233626

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey A Powelson

Mailing Address Hickory Corner Road
Route 4, Box 96

City

Philippi

State

WV

Zip Code

26416-9536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Broaddus Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 1 1

Transaction ID: 19249201

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas O. Barnes

Mailing Address 1900 Perkins St.

City

Bristol

State

CT

Zip Code

06010-8924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Children's Me-
dical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 1 1

Transaction ID: 19249202

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 1 1

Transaction ID: 19249229

Amount of Each Receipt this Period

14.50

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.24

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 1 1

Transaction ID: 19249230

Amount of Each Receipt this Period

41.64

C.

Full Name (Last, First, Middle Initial)

Mr. Mark D Judy

Mailing Address 817 Commercial Street

City

Leavenworth

State

WA

Zip Code

98826-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cascade Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 1

Transaction ID: 19249243

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

306.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kathleen Paul

Mailing Address P O Box 900

City

Seattle

State

WA

Zip Code

98111-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason Medical Ce-
nter

Occupation

Vice President Communications and Publ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 1

Transaction ID: 19249244

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Syd Bersante

Mailing Address P O Box 2197

City

Tacoma

State

WA

Zip Code

98401-2197

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 1

Transaction ID: 19249245

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. C Scott Bond

Mailing Address 300 Elliott Avenue West, Suite 300

City

Seattle

State

WA

Zip Code

98119-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington State Hospital
Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 1

Transaction ID: 19249246

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Scott W Bosch

Mailing Address 2520 Cherry Avenue

City

Bremerton

State

WA

Zip Code

98310-4270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 1

Transaction ID: 19249251

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Diane E. Cecchetti, RN, MS

Mailing Address 12709 54th Avenue, NW

City

Gig Harbor

State

WA

Zip Code

98332-8853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MultiCare Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 1

Transaction ID: 19249252

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sarah Patterson

Mailing Address P O Box 900

City

Seattle

State

WA

Zip Code

98111-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason Medical Center

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 1

Transaction ID: 19249253

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph W. Wilczek

Mailing Address 1175 SW 296th Street

City

Federal Way

State

WA

Zip Code

98023-8251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Health System

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 1

Transaction ID: 19249254

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nancy Steiger

Mailing Address 2901 Squaticum Parkway

City

Bellingham

State

WA

Zip Code

98225-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth St. Joseph Ho-
spital

Occupation

Regional Chief Executive Officer and C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 1

Transaction ID: 19249255

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Anthony J Cimino

Mailing Address 4 Terry Court

City

Hamilton

State

NJ

Zip Code

08620-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Wood Johnson Unive-
rsity Hospi

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19249313

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.93

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19249329

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J Kathrins

Mailing Address 1442 Saurigvon Drive

City

Toms River

State

NJ

Zip Code

08753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bacharach Institute for
Rehabilitation

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19249330

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven G Littleton

Mailing Address 55 Fairhaven Road

City

Fair Haven

State

NJ

Zip Code

07704-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Health

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19249337

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1505.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Fredrick K Slunecka

Mailing Address 3900 West Avera Drive, Suite 301

City

Sioux Falls

State

SD

Zip Code

57108-5721

FEC ID number of contributing
federal political committee.**C**Name of Employer
Avera Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	1

Transaction ID: 19249549

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David R Hewett

Mailing Address 3708 West Brooks Place, Suite 1

City

Sioux Falls

State

SD

Zip Code

57106-4207

FEC ID number of contributing
federal political committee.**C**Name of Employer
South Dakota Association
of Healthcare

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	1

Transaction ID: 19249551

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gale N Walker

Mailing Address 401 West Glynn Drive

City

Parkston

State

SD

Zip Code

57366-9605

FEC ID number of contributing
federal political committee.**C**Name of Employer
Avera St. Benedict Health
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	1

Transaction ID: 19249567

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kelby K Krabbenhoft

Mailing Address PO Box 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanford Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19249717

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Deb Fischer-Clemens

Mailing Address 3217 W Zephyr Pl #1

City

Sioux Falls

State

SD

Zip Code

57108-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Health

Occupation

Vice President Center for Public Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19249871

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cindy Morrison

Mailing Address PO Box 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanford Health

Occupation

Senior Vice President for Public Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19249875

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Pamela J Rezac

Mailing Address 501 Summit Avenue

City

Yankton

State

SD

Zip Code

57078-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Sacred Heart Hospital

Occupation

Regional President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19249882

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Association

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19250240

Amount of Each Receipt this Period

43.75

C.

Full Name (Last, First, Middle Initial)

Mr. Arthur A Ushijima

Mailing Address 1099 Alakea Street, Suite 1100

City

Honolulu

State

HI

Zip Code

96813-4512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Queen's Health Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19250241

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

543.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Herb B. Kuhn

Mailing Address 5310 Saddlebrooke Lane

City

Lohman

State

MO

Zip Code

65053-9353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19250252

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City

Jefferson City

State

MO

Zip Code

65109-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19250253

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)

Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Waye

City

Jefferson City

State

MO

Zip Code

65101-8284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19250259

Amount of Each Receipt this Period

43.75

SUBTOTAL of Receipts This Page (optional)

231.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry M. Sill

Mailing Address 2906 Valley View Terrace

City

Jefferson City

State

MO

Zip Code

65109-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19250262

Amount of Each Receipt this Period

43.75

B.

Full Name (Last, First, Middle Initial)

Ms. Stacy Barstad

Mailing Address 251 Fifth Street East

City

Tracy

State

MN

Zip Code

56175-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanford Tracy Medical Cen-
ter

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19250266

Amount of Each Receipt this Period

135.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sara J Criger

Mailing Address 45 West 10th Street

City

Saint Paul

State

MN

Zip Code

55102-1062

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19250267

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

428.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy H Hanson

Mailing Address 559 Capitol Boulevard, 6-South

City

Saint Paul

State

MN

Zip Code

55103-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthEast Care System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19250268

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kristin Loncorich

Mailing Address 2550 University Avenue W.
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation

Director of State Government Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19250271

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Jeff Peterson, MD

Mailing Address 201 9th Street West

City

Ada

State

MN

Zip Code

56510-1279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Essentia Health Ada

Occupation

Chief of Staff

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 1

Transaction ID: 19250272

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Don Adams

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

Vice President, Rural & Mental Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 19250284

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Tina Creel

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 19250285

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul Cunningham

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 19250286

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. America S. Farrell

Mailing Address P O Box 1998

City

El Dorado

State

AR

Zip Code

71731-1998

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of South
Arkansas

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250287

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Christina Hockaday

Mailing Address 4 Hospital Drive

City

Morrilton

State

AR

Zip Code

72110-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Morrilton

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250288

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Beth Ingram

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

VP, Educational & Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250289

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Walter E Johnson, Jr.

Mailing Address 1600 West 40th Avenue

City

Pine Bluff

State

AR

Zip Code

71603-7089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250290

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Raymond W Montgomery, II

Mailing Address 3214 East Race Avenue

City

Searcy

State

AR

Zip Code

72143-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer
White County Medical Cent-
er

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250291

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr Robert Ryall

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250292

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jodiane Tritt

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.**C**Name of Employer
Arkansas Hospital Associa-
tion

Occupation

Vice President for Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 19250293

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Elisa M. White

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.**C**Name of Employer
Arkansas Hospital Associa-
tion

Occupation

Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 19250294

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Beth Berry

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.**C**Name of Employer
Tennessee Hospital Associ-
ation

Occupation

Sr. Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 19250379

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Terrance Bridges

Mailing Address One Park Plaza
Building 1, 1-E

City State Zip Code
Nashville TN 37203-6527

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA - Hospital Corporation
of America

Occupation
Vice President, Behavioral Health Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250380

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael A. Dietrich

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250381

Amount of Each Receipt this Period

166.64

C.

Full Name (Last, First, Middle Initial)

Mr. Keith D Goodwin

Mailing Address P O Box 15010

City State Zip Code
Knoxville TN 37901-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Tennessee Children's
Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250382

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1516.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Huggins

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation

Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250383

Amount of Each Receipt this Period

333.32

B.

Full Name (Last, First, Middle Initial)

Ms. Jill Talbert

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation

Director of Advocacy and Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250384

Amount of Each Receipt this Period

166.64

C.

Full Name (Last, First, Middle Initial)

Mrs. Bernice C. Ulrich

Mailing Address 4655 Running Brook Terrace

City

Greenwood

State

IN

Zip Code

46143-9255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital Associat-
ion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250397

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

749.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Paul L Usher

Mailing Address 441 North Wabash Avenue

City

Marion

State

IN

Zip Code

46952-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 19250398

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Andrews

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Hospital

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19250401

Amount of Each Receipt this Period

262.50

C.

Full Name (Last, First, Middle Initial)

Mr. David H. Holt, Jr.

Mailing Address 310 stephen King Dr

City

Anderson

State

SC

Zip Code

29621-2462

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMed Health

Occupation

Radiation Safety Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19250853

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

762.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry A Parrish

Mailing Address 800 North Fant Street

City

Anderson

State

SC

Zip Code

29621-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMed Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19250862

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Kirk Toomey

Mailing Address 955 Ribaut Road

City

Beaufort

State

SC

Zip Code

29902-5441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaufort Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19250863

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel Duggan

Mailing Address 330 Henderson Rd

City

Greenville

State

SC

Zip Code

29607-3346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours St. Francis
Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19250864

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Liz Keith

Mailing Address 2 Deer Spring Lane

City

Simpsonville

State

SC

Zip Code

29680-6516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours St. Francis
Health System

Occupation

Senior Vice President-Mission

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2011

Transaction ID: 19250865

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark S Nantz

Mailing Address One St Francis Drive

City

Greenville

State

SC

Zip Code

29601-3999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours St. Francis
Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2011

Transaction ID: 19250949

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronnie Hyatt

Mailing Address One St Francis Drive

City

Greenville

State

SC

Zip Code

29601-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours St. Francis
Health System

Occupation

Senior Vice President Finance and Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2011

Transaction ID: 19250950

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Teri Ficicchy

Mailing Address 3000 St Matthews Road

City

Orangeburg

State

SC

Zip Code

29118-1496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Medical Center

Occupation

Vice President, Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	1	1

Transaction ID: 19250951

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Gayle Resetar

Mailing Address Post Office Drawer 1718

City

Georgetown

State

SC

Zip Code

29442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgetown Memorial Hospi-
tal

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	1	1

Transaction ID: 19250952

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard E D'Alberto

Mailing Address P O Box 976

City

Clinton

State

SC

Zip Code

29325-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurens County Health Care
System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	1	1

Transaction ID: 19250953

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Charles D Beaman, Jr

Mailing Address P O Box 2266

City

Columbia

State

SC

Zip Code

29202-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19250983

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Julian Gibbons

Mailing Address Five Medical Park Drive

City

Columbia

State

SC

Zip Code

29203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Health

Occupation

Vice President / Community & Government

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19250984

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James M Bridges

Mailing Address Taylor at Marion Street

City

Columbia

State

SC

Zip Code

29220-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Health Baptist

Occupation

Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19250985

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John J Singerling, III

Mailing Address P O Box 2266

City

Columbia

State

SC

Zip Code

29202-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto HealthOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	1

Transaction ID: 19250986

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Allen P Carroll

Mailing Address 2095 Henry Tecklenburg Drive

City

Charleston

State

SC

Zip Code

29414-5733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours St. Francis
HospitalOccupation
Senior Vice President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	1

Transaction ID: 19250995

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bret Johnson

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper HospitalOccupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	1

Transaction ID: 19250996

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Diana Topjian, MSN, CCRN

Mailing Address 632 Stoneboro Ct

City

Charleston

State

SC

Zip Code

29412-2760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Vice President /Chief Nursing Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2011

Transaction ID: 19250997

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Doug Harrison

Mailing Address 1574 Fiddlers Marsh Drive

City

Mt Pleasant

State

SC

Zip Code

29464-4286

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2011

Transaction ID: 19250998

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas Bowling

Mailing Address 2509 Watercrest Lane

City

Johns Island

State

SC

Zip Code

29455-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Vice President of System Development

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2011

Transaction ID: 19250999

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Ellen Jackson Brown

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

VP, Managed Care & Physician Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251001

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Greg Edwards

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251002

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Sullivan

Mailing Address 1772 Bellamy Circle

City

Albemarle

State

NC

Zip Code

28001-9511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251003

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Lisa Irvin, RN, MSN, C

Mailing Address 316 Calhoun St

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Vice President, Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251004

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Matthew J Severance

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251005

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Taylor

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251006

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Pennie L. Peralta, RN, BSN

Mailing Address 2223 Hunter Creek Drive

City

Charleston

State

SC

Zip Code

29414-6705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Vice President of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251007

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Steven D Shapiro, MD

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251008

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Briggs W Andrews

Mailing Address P O Box 13727

City

Roanoke

State

VA

Zip Code

24036-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Clinic

Occupation

Senior Vice President Legal Services a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 1 1

Transaction ID: 19251009

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Ray Wayne Gandee

Mailing Address 3271 Allendale St SW

City

Roanoke

State

VA

Zip Code

24014-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Clinic

Occupation

Interim Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 1 1

Transaction ID: 19251012

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patti Jurkus

Mailing Address 207 Springhill Circle

City

Bedford

State

VA

Zip Code

24523-5458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bedford Memorial Hospital

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 1 1

Transaction ID: 19251013

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Piatkowski, MD

Mailing Address 612 Montgomery St

City

Blacksburg

State

VA

Zip Code

24060-7221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion New River Valley
Medical Cent

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 1 1

Transaction ID: 19251016

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gerald Seager

Mailing Address 7509 Mendota Place

City

Springfield

State

VA

Zip Code

22150-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	1	1

Transaction ID: 19251017

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. G. Robert Vaughan, Jr.

Mailing Address 1839 Mt. Vernon Road

City

Roanoke

State

VA

Zip Code

24015-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Clinic

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	1	1

Transaction ID: 19251019

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gary R Yates, MD

Mailing Address 6015 Poplar Hall Drive

City

Norfolk

State

VA

Zip Code

23502-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	1	1

Transaction ID: 19251020

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Edward C Gambrell, Jr.

Mailing Address 163 Hospital Drive

City

Toccoa

State

GA

Zip Code

30577-6820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stephens County Hospital

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251940

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Eric P Norwood

Mailing Address 450 North Candler Street

City

Decatur

State

GA

Zip Code

30030-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeKalb Medical Center at
Downtown Deca

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251967

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Larry Sanders

Mailing Address 707 Center Street, Suite 400

City

Columbus

State

GA

Zip Code

31901-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Regional Healthc-
are System

Occupation

Chairman and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251974

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 107

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Shepherd

Mailing Address PO Box 1052

City

Statesboro

State

GA

Zip Code

30459-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Candler County Hospital

Occupation

Interim CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251976

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ben Underwood

Mailing Address 2104 Murren Drive

City

Smyrna

State

GA

Zip Code

30080-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Talbot Recovery Campus

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 1 1

Transaction ID: 19251989

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Ms. Theresa J. Rogers

Mailing Address 2644 Jennifer Drive

City

Jefferson City

State

MO

Zip Code

65101-3997

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

Senior Vice President, Data & Informat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 19255636

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

645.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert W Ladenburger

Mailing Address 2420 West 26th Avenue, Suite 100-D

City

Denver

State

CO

Zip Code

80211-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Exempla Healthcare, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 19255641

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mitchell C Carson

Mailing Address P O Box 1659

City

Longmont

State

CO

Zip Code

80502-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longmont United Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 19255642

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gerald Cotton

Mailing Address 501 Castlewood Blvd

City

Brandon

State

MS

Zip Code

39047-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Baptist Medic-
al Center

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 1

Transaction ID: 19256621

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Charles L Denton

Mailing Address 960 Avent Drive

City

Grenada

State

MS

Zip Code

38901-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grenada Lake Medical Cent-
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	2	/	2	0	1	1

Transaction ID: 19256636

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Claude W Harbarger

Mailing Address 969 Lakeland Drive

City

Jackson

State

MS

Zip Code

39216-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Dominic-Jackson Memor-
ial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	2	/	2	0	1	1

Transaction ID: 19256637

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Mr. Eddie L. Foster

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	2	/	2	0	1	1

Transaction ID: 19256642

Amount of Each Receipt this Period

43.00

SUBTOTAL of Receipts This Page (optional)

578.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 40 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gerald D Wages

Mailing Address 830 South Gloster Street

City

Tupelo

State

MS

Zip Code

38801-4934

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Mississippi Health
Services, Inc

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 1

Transaction ID: 19256644

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mr. Guy Geller

Mailing Address P O Box 351

City

Magnolia

State

MS

Zip Code

39652-0351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beacham Memorial Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 1

Transaction ID: 19256645

Amount of Each Receipt this Period

237.50

C.

Full Name (Last, First, Middle Initial)

Mr. Richard G Hilton

Mailing Address P O Box 1506

City

Starkville

State

MS

Zip Code

39760-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
OCH Regional Medical Cent-
er

Occupation

Associate Administrator and Chief Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 1

Transaction ID: 19256970

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

412.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Sam W Cameron

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 1

Transaction ID: 19256972

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. Wallace Strickland

Mailing Address 1314 19th Avenue

City

Meridian

State

MS

Zip Code

39301-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush Health Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 1

Transaction ID: 19256976

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. William C Oliver

Mailing Address 6051 U S Highway 49

City

Hattiesburg

State

MS

Zip Code

39401-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forrest General Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 1

Transaction ID: 19256977

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Tim Colburn

Mailing Address 600 North Pickaway Street

City

Circleville

State

OH

Zip Code

43113-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berger Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 19257095

Amount of Each Receipt this Period

268.50

B.

Full Name (Last, First, Middle Initial)

Mr. Melvin H Fahs

Mailing Address 208 North Columbus Street

City

Hicksville

State

OH

Zip Code

43526-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 19257353

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cynthia Moore-Hardy

Mailing Address 7590 Auburn Road

City

Painesville

State

OH

Zip Code

44077-9176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 19257734

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1018.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gary J Robinson

Mailing Address 10 East Washington Street

City

Painesville

State

OH

Zip Code

44077-3460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Health

Occupation

Vice President Government and Community

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 19257735

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary S. Collier

Mailing Address 4160 Tallman Trail

City

Dayton

State

OH

Zip Code

45430-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Valley Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 19258140

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Randall D Oostra

Mailing Address 1801 Richards Road

City

Toledo

State

OH

Zip Code

43607-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer
ProMedica Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 19258460

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Roy G Chew

Mailing Address 3535 Southern Boulevard

City

Kettering

State

OH

Zip Code

45429-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 19258486

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Brenda Kuhn

Mailing Address 9816 County Creek Way

City

Centerville

State

OH

Zip Code

45458-9244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Medical Center-
Network

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 19258603

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Fred M Manchur

Mailing Address 3965 Southern Boulevard

City

Dayton

State

OH

Zip Code

45429-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Health Network

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 19258606

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Troy Turner

Mailing Address 1811 Grand Portage Tr

City

Xenia

State

OH

Zip Code

45385-9594

FEC ID number of contributing
federal political committee.**C**Name of Employer
Grandview Medical Center

Occupation

Medical Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	1

Transaction ID: 19258686

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Myra L. Evans

Mailing Address 16603 R Avenue

City

Tarkio

State

MO

Zip Code

64491-9280

FEC ID number of contributing
federal political committee.**C**Name of Employer
Community Hospital-Fairfax

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 19260441

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Chad R. Austin

Mailing Address 6518 SW 26th Court

City

Topeka

State

KS

Zip Code

66614-4305

FEC ID number of contributing
federal political committee.**C**Name of Employer
Kansas Hospital Associati-
on

Occupation

Vice President, Government Relations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	1	1

Transaction ID: 19260445

Amount of Each Receipt this Period

57.69

SUBTOTAL of Receipts This Page (optional)

557.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Fred J. Lucky

Mailing Address 14607 W 89

City

Lenexa

State

KS

Zip Code

66215-2967

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2011

Transaction ID: 19260450

Amount of Each Receipt this Period

115.38

B.

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.35

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2011

Transaction ID: 19260525

Amount of Each Receipt this Period

25.42

C.

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2011

Transaction ID: 19260658

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

180.80

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Sean Barden

Mailing Address 11422 Bluff's Ridge

City

Spotsylvania

State

VA

Zip Code

22551-8915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Washington HealthcareOccupation
EVP/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	1

Transaction ID: 19265402

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin Barr

Mailing Address 2418 Crowncrest Way

City

Richmond

State

VA

Zip Code

23233-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours-Richmond Comm-
unity HospitalOccupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	1

Transaction ID: 19265403

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Peggy J. Braun

Mailing Address 3116 Yeates Lane

City

Virginia Beach

State

VA

Zip Code

23452-6117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Virginia Beach Ge-
neral HospitalOccupation
Vice President, Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	1

Transaction ID: 19265404

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Geoffrey Brown

Mailing Address PO Box 125

City

Dunn Loring

State

VA

Zip Code

22027-0125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fair Oaks Hospital

Occupation

Senior Vice President Information Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	1	1

Transaction ID: 19265405

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Christine M. Candio, RN

Mailing Address 5235 Bessley Place

City

Alexandria

State

VA

Zip Code

22304-8647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Alexandria Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	1	1

Transaction ID: 19265406

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul Chidester

Mailing Address 1408 Five Hill Trail

City

Virginia Beach

State

VA

Zip Code

23452-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesapeake Regional Medic-
al Center

Occupation

Vice President of Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	1	1

Transaction ID: 19265413

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick L. Christiansen

Mailing Address 8377 Pedigrue Ct

City

Gainesville

State

VA

Zip Code

20155-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 19265414

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Delisi

Mailing Address 1861 Amberwood Manor Ct.

City

Vienna

State

VA

Zip Code

22182-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital Center -
Arlington

Occupation

Assistant Vice President Medical Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 19265415

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara J Doyle

Mailing Address 2501 Parker's Lane

City

Alexandria

State

VA

Zip Code

22306-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Mount Vernon Hospit-
al

Occupation

Senior Vice President and Chief Execut

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 19265416

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Eric Fletcher

Mailing Address 11208 Knolls End

City

Spotsylvania

State

VA

Zip Code

22551-8920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Washington Healthcare

Occupation

Senior VP Marketing and Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 19265417

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr John Gaul

Mailing Address 8013 River Falls Dr

City

Potomac

State

MD

Zip Code

20854-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 19265425

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald L. Harris

Mailing Address 5976 Burnside Landing Drive

City

Burke

State

VA

Zip Code

22015-2522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 19265427

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy S. Jennings

Mailing Address 4715 White Owl Crescenty

City

Chesapeake

State

VA

Zip Code

23321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Norfolk General
Hospital

Occupation

Vice President Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 19265428

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Howard P Kern

Mailing Address 6015 Poplar Hall Drive

City

Norfolk

State

VA

Zip Code

23502-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

President Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 19265429

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Magenheimer

Mailing Address 8110 Gatehouse Road

City

Falls Church

State

VA

Zip Code

22042-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 19265432

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Spine

Mailing Address 8580 Magellan Parkway

City

Richmond

State

VA

Zip Code

23227-1149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours-Richmond Comm-
unity Hospital

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 19265435

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.52

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 1

Transaction ID: 19266079

Amount of Each Receipt this Period

83.28

C.

Full Name (Last, First, Middle Initial)

Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 1

Transaction ID: 19266080

Amount of Each Receipt this Period

29.00

SUBTOTAL of Receipts This Page (optional)

462.28

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. George H. Mantakos

Mailing Address 1011 Boyce Avenue

City

Ruxton

State

MD

Zip Code

21204-3602

FEC ID number of contributing
federal political committee.**C**Name of Employer
Johns Hopkins Bayview Med-
ical Center

Occupation

Board Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	1	1

Transaction ID: 19270940

Amount of Each Receipt this Period

680.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas R Mullen

Mailing Address 301 St Paul Place

City

Baltimore

State

MD

Zip Code

21202-2102

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	1	1

Transaction ID: 19271311

Amount of Each Receipt this Period

238.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Link

Mailing Address 2218 East St. Charles Circle

City

Sioux Falls

State

SD

Zip Code

57103-5818

FEC ID number of contributing
federal political committee.**C**Name of Employer
Sanford Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	1	1

Transaction ID: 19273087

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1168.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael R. Dunaway

Mailing Address 15081 Linden Lane

City

Leawood

State

KS

Zip Code

66224-3412

FEC ID number of contributing
federal political committee.**C**Name of Employer
Missouri Hospital Associa-
tion

Occupation

Senior VP, Field Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	1	1

Transaction ID: 19273147

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stanley F Hupfeld

Mailing Address 3030 Northwest Expressway, Suite 1

City

Oklahoma City

State

OK

Zip Code

73112-5470

FEC ID number of contributing
federal political committee.**C**Name of Employer
INTEGRIS Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	1	1

Transaction ID: 19273152

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jay Johnson

Mailing Address P O Box 2000

City

Duncan

State

OK

Zip Code

73534-2000

FEC ID number of contributing
federal political committee.**C**Name of Employer
Duncan Regional Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	1	1

Transaction ID: 19273153

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stanley D Tatum

Mailing Address P O Box 232

City

State

Zip Code

Enid

OK

73702-0232

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Regional Medic-
al Center

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 19273155

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. David D Whitaker

Mailing Address P O Box 1308

City

State

Zip Code

Norman

OK

73070-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norman Regional Health Sy-
stem

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 19273156

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kersey Winfree, M.D.

Mailing Address 1000 N. Lee Avenue
Suite 3057

City

State

Zip Code

Oklahoma City

OK

73102-1036

FEC ID number of contributing
federal political committee.

C

Name of Employer
SSM Health Care of Oklaho-
ma

Occupation

Chief Medical Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 19273157

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard W Petersen

Mailing Address 120 Fickett Street

City

South Portland

State

ME

Zip Code

04106-6874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	1	1

Transaction ID: 19273162

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen P Dexter

Mailing Address 7 Stony Point

City

Charleston

State

WV

Zip Code

25314-1663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	1	1

Transaction ID: 19273174

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth W Leisher

Mailing Address P O Box 429

City

Salida

State

CO

Zip Code

81201-0429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart of the Rockies Regi-
onal Medical

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	1	1

Transaction ID: 19273213

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael T Baxter

Mailing Address 400 West 16th Street

City

Pueblo

State

CO

Zip Code

81003-2781

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkview Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 19273216

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael J McBride

Mailing Address P O Box 1628

City

Grand Junction

State

CO

Zip Code

81502-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Hospital and
Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 19273219

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Hamm

Mailing Address 200 Exempla Circle

City

Lafayette

State

CO

Zip Code

80026-3370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Exempla Good Samaritan Me-
dical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 19273232

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Douglas E Bentz

Mailing Address 100 Seneca Valley Estates

City

Sissonville

State

WV

Zip Code

25320-9781

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roane General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

Transaction ID: 19276851

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. George G Couch

Mailing Address 36 Floral Drive

City

Wheeling

State

WV

Zip Code

26003-5464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Valley Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

Transaction ID: 19276854

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Miller

Mailing Address #4 Stony Point Road

City

Charleston

State

WV

Zip Code

25314-1670

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Virginia Hospital As-
sociation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

Transaction ID: 19276930

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Michael Karpf, MD

Mailing Address 800 Rose Street

City

Lexington

State

KY

Zip Code

40536-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
UK HealthCare

Occupation

Executive Vice President Health Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 19277458

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark J Neff

Mailing Address 222 Medical Circle

City

Morehead

State

KY

Zip Code

40351-1179

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Claire Regional Medic-
al Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 19277465

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Greg Kiser

Mailing Address P O Box 769

City

Louisa

State

KY

Zip Code

41230-0769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Three Rivers Medical Cent-
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 19277468

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. E Berton Whitaker

Mailing Address 900 Hospital Drive

City

Madisonville

State

KY

Zip Code

42431-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Medical Center
of Hopkins Cou

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	1

Transaction ID: 19277473

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael T Rust

Mailing Address P O Box 436629

City

Louisville

State

KY

Zip Code

40253-6629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Hospital Associa-
tion

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	1

Transaction ID: 19277476

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Nancy G. Rust

Mailing Address 937 Woodland Heights Drive

City

Louisville

State

KY

Zip Code

40245-5219

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	1

Transaction ID: 19277490

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Chris Carle

Mailing Address 4900 Houston Road

City

Florence

State

KY

Zip Code

41042-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Healthcare
Florence

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 19277492

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph G Koch

Mailing Address 9 Linville Drive

City

Paris

State

KY

Zip Code

40361-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bourbon Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 19277494

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Chip Peal

Mailing Address 299 King's Daughters Drive

City

Frankfort

State

KY

Zip Code

40601-6514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankfort Regional Medical
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 19277496

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John T Porter

Mailing Address 3900 West Avera Drive, Suite 301

City

Sioux Falls

State

SD

Zip Code

57108-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 1

Transaction ID: 19317903

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$250.00 This changes
the YTD Total to \$25-
0.00

B.

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Vice President & General Counse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1045726225368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. David Schulke

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1057462125368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Sarah Berk

Mailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	1

Transaction ID: PR1082532725368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	1

Transaction ID: PR1113464225368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Allen

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-ChicagoOccupation
Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	1

Transaction ID: PR1118928225368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Meadows

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1260472925368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Baskett

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1332167425368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President Account Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1347703425368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

144.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	1

Transaction ID: PR1347703625368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	1

Transaction ID: PR1347791025368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Sharon Allen

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Membership and Marketing Manager ASHHR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	1

Transaction ID: PR1474886225368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

144.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

National Director Sponsorship and Under

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1475133725368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Stephanie H. Drake

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.70

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1492459925368

Amount of Each Receipt this Period

122.49

P/R Deduction (\$40.83 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Monica D Day

Mailing Address 10224 Prince Place #205

City

Largo

State

MD

Zip Code

20774-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1516850625368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

224.49

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Elisa Arespacochaga

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1555656225368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Clinton S. Manning

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Asst. Director Advocacy & Member Commu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1555656525368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Kathy Poole

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1589439925368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kimberly Baker

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1590809125368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Kehoe

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Publisher Vertical Magazines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1625368325368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen Hines

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1648726625368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Lisa Grabert

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1671258625368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr Robert P. David

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1677512425368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Erik Rasmussen

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR1819487925368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR327629125368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City State Zip Code
Park Ridge IL 60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR327771625368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR327777225368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

222.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	1	1

Transaction ID: PR327777825368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	1	1

Transaction ID: PR327801725368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Chief Executive Officer, AONE & Sr. Vi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	1	1

Transaction ID: PR327812025368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	1	1

Transaction ID: PR327831725368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	1	1

Transaction ID: PR327846225368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	1	1

Transaction ID: PR327851925368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR327858025368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR327877825368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City State Zip Code
Chicago IL 60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR327895725368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Eileen M. Collins Offner

Mailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Director Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	1

Transaction ID: PR327906125368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Judy Williams

Mailing Address One North Franklin Street

City	State	Zip Code
Chicago	IL	60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-ChicagoOccupation
Director Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	1

Transaction ID: PR327918925368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	1

Transaction ID: PR328132825368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

204.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorschach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR328136925368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, SHSMD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR328174925368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR328223825368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

282.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR328241425368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR328260925368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR328341825368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR328511825368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR328512025368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. George Arges

Mailing Address One North Franklin St.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Senior Director, Health Data Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR328641125368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

President & CEO, AHA Solutions, Inc. &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR328913325368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR329013425368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Dr. John R. Combes

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR329071325368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR329084425368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR329215725368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. John Evans

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR329342625368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

222.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City

Chicago

State

IL

Zip Code

60626-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR329654225368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR330343325368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR330411625368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

162.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR330465225368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR330475425368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR330547725368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

222.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR330549225368

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR331098325368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR331278825368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

182.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR331304225368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR331379125368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR331386925368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00)

SUBTOTAL of Receipts This Page (optional)

204.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Woodin Dale

Mailing Address 800 W. Central Road

City

Arlington Heights

State

IL

Zip Code

60005-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, ASHE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR331481325368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR331533225368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR346168125368

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

282.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.40

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR518031925368

Amount of Each Receipt this Period

124.08

P/R Deduction (\$41.36 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Laura M. Werner

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR560101525368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City State Zip Code
Washington DC 20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR566280925368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

226.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR766023725368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR801366325368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR876637225368

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

162.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 107

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jennifer Armstrong Gay

Mailing Address 10702 Benning Way

City

Spotsylvania

State

VA

Zip Code

22551-4670

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation

Director Communication Strategies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR928186525368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. David A. Strickland

Mailing Address One N. Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation

Executive Director Quality Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: PR939603925368

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

84.00

TOTAL This Period (last page this line number only)

61341.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 107

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 19255623

Amount of Each Receipt this Period

20000.00

B.

Full Name (Last, First, Middle Initial)

Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City State Zip Code
Madison WI 53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 19260436

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

20600.00

TOTAL This Period (last page this line number only)

20600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 107

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.92

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

Transaction ID: 19310985

Amount of Each Receipt this Period

59.42

Interest Earned

B.

Full Name (Last, First, Middle Initial)

TD Bank

Mailing Address 901 Seventh Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.83

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

Transaction ID: 19310986

Amount of Each Receipt this Period

196.19

Interest Earned

SUBTOTAL of Receipts This Page (optional)

255.61

TOTAL This Period (last page this line number only)

255.61

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 / 107

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Citizens For Tom Petri	Transaction ID: 19250474
Mailing Address P.O. Box 270	Date of Disbursement
City Fond Du Lac	<div> <div>07</div> <div>12</div> <div>2011</div> </div>
State WI Zip Code 54936	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	1000.00
Candidate Name Rep. Thomas E. Petri	<div>011</div> <div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 06	Contribution
B. Full Name (Last, First, Middle Initial) Guthrie For Congress	Transaction ID: 19250476
Mailing Address PO Box 9639	Date of Disbursement
City Bowling Green	<div> <div>07</div> <div>12</div> <div>2011</div> </div>
State KY Zip Code 42102	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	1000.00
Candidate Name Rep. Brett Guthrie	<div>011</div> <div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 02	Contribution
C. Full Name (Last, First, Middle Initial) Jon Runyan For Congress	Transaction ID: 19250478
Mailing Address PO Box 225	Date of Disbursement
City Colonia	<div> <div>07</div> <div>12</div> <div>2011</div> </div>
State NJ Zip Code 07067	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	1000.00
Candidate Name Rep. Jon Runyan	<div>011</div> <div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03	Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Frelinghuysen For Congress

Mailing Address 19 Cattano Avenue

City
Morristown

State
NJ

Zip Code
07960

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Rodney P. Frelinghuysen

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 11

Transaction ID: 19250480

Date of Disbursement

07 / 12 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Joe Heck

Mailing Address PO Box 750114

City
Las Vegas

State
NV

Zip Code
89136

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Joe Heck

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: 19261373

Date of Disbursement

07 / 12 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Butterfield For Congress

Mailing Address PO Box 2571

City
Wilson

State
NC

Zip Code
27894

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. George K. Butterfield

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 01

Transaction ID: 19261390

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Coffman For Congress

Mailing Address 9249 South Broadway
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mike Coffman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 06

Transaction ID: 19261405

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sam Farr for Congress

Mailing Address 1010 S Street

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sam Farr

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 17

Transaction ID: 19261407

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Collins For Senate

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
2014 Contribution

Candidate Name
Sen. Susan M. Collins

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Transaction ID: 19261408

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

2000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Chris Coons For Delaware

Mailing Address PO Box 9900

City
Newark

State
DE

Zip Code
19714

Purpose of Disbursement
2014 Contribution

Candidate Name
Mr. Christopher Coons

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District:

Transaction ID: 19261409

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

2014 Contribution

B.

Full Name (Last, First, Middle Initial)

Freedom Fund

Mailing Address 128 N. Columbus Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
2011 Contribution

Candidate Name
Freedom Fund

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 19261426

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

2011 Contribution

C.

Full Name (Last, First, Middle Initial)

Portman For Senate Committee

Mailing Address 8331 Little Harbor Drive

City
Cincinnati

State
OH

Zip Code
45244

Purpose of Disbursement
2016 Contribution

Candidate Name
Sen. Rob Portman

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: 19261435

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

2016 Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Becerra For Congress	Transaction ID: 19261436 Date of Disbursement
Mailing Address P.O. Box 261060	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/>
City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
Candidate Name Rep. Xavier Becerra	<input type="text" value="011"/> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazquez To Congre	Transaction ID: 19261443 Date of Disbursement
Mailing Address 315 Inspiration Lane	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/>
City Gaithersburg State MD Zip Code 20878	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
Candidate Name Rep. Nydia M. Velazquez	<input type="text" value="011"/> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee	Transaction ID: 19261444 Date of Disbursement
Mailing Address PO Box 87	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/>
City Uwchland State PA Zip Code 19480	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
Candidate Name Rep. James W. Gerlach	<input type="text" value="011"/> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Friends Of Mark Warner	Transaction ID: 19261548 Date of Disbursement
Mailing Address 201 North Union Street Suite 300	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/>
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement 2014 Contribution	<input type="text" value="500.00"/>
Candidate Name Sen. Mark Robert Warner	<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2014 Contribution
B. Full Name (Last, First, Middle Initial) Marcia Fudge For Congress	Transaction ID: 19261613 Date of Disbursement
Mailing Address 3729 Silsby Rd	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/>
City University Heights State OH Zip Code 44118	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
Candidate Name Rep. Marcia L. Fudge	<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution
C. Full Name (Last, First, Middle Initial) Bill Johnson for Congress Committee	Transaction ID: 19261614 Date of Disbursement
Mailing Address 3755 Hunters Hill	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/>
City Poland State OH Zip Code 44514	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
Candidate Name Rep. Bill Johnson	<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Marino For Congress

Mailing Address PO Box 653

City
Williamsport

State
PA

Zip Code
17703

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas Marino

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: 19261616

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ben Cardin For Senate

Mailing Address P.O. Box 21093

City
Catonsville

State
MD

Zip Code
21228

Purpose of Disbursement
Contribution

Candidate Name
Sen. Benjamin Cardin

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District:

Transaction ID: 19261703

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Gillibrand For Senate

Mailing Address 236 Massachusetts Ave Suite 110

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contribution

Candidate Name
Sen. Kirsten E. Gillibrand

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Transaction ID: 19261961

Date of Disbursement

07 / 12 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) IMPACT	Transaction ID: 19261963 Date of Disbursement
Mailing Address 509 Madison Ave. Suite 1902	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 1 1</div> </div>
City New York State NY Zip Code 10022	Amount of Each Disbursement this Period
Purpose of Disbursement 2011 Contribution	<div>5000.00</div>
Candidate Name IMPACT	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2011 Contribution
B. Full Name (Last, First, Middle Initial) Longhorn PAC	Transaction ID: 19261964 Date of Disbursement
Mailing Address 228 S. Washington St. Suite B-20	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 1 1</div> </div>
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement 2011 Contribution	<div>1000.00</div>
Candidate Name Longhorn PAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2011 Contribution
C. Full Name (Last, First, Middle Initial) Pete Sessions For Congress	Transaction ID: 19269568 Date of Disbursement
Mailing Address PO Box 823047	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 1 1</div> </div>
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1500.00</div>
Candidate Name Rep. Pete Sessions	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Heartland Values PAC Mailing Address P.O. Box 505	Transaction ID: 19269572 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 1 1</div> </div>
City State Zip Code Sioux Falls SD 57101 Purpose of Disbursement 2011 Contribution Candidate Name Heartland Values PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1000.00</div> 2011 Contribution
B. Full Name (Last, First, Middle Initial) Olson For Congress Committee Mailing Address PO Box 16381 City State Zip Code Sugar Land TX 77496 Purpose of Disbursement Contribution Candidate Name Rep. Pete Olson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 22	Transaction ID: 19269581 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Contribution
C. Full Name (Last, First, Middle Initial) Majority Committee PAC Mailing Address PO Box 10134 City State Zip Code Bakersfield CA 93389 Purpose of Disbursement 2011 Contribution Candidate Name Majority Committee PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 19269970 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> 2011 Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Bob Casey for Senate CommitteeMailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
ContributionCandidate Name
Sen. Bob Casey011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: 19270778

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 1

Amount of Each Disbursement this Period

750.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jackie Speier For Congress

Mailing Address Post Office Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement
ContributionCandidate Name
Rep. Jackie Speier011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: 19270835

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
New York Jobs PAC

Mailing Address P.O. Box 763

City Deer Park State NY Zip Code 11729

Purpose of Disbursement
2011 ContributionCandidate Name
New York Jobs PAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 19270886

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 1

Amount of Each Disbursement this Period

2000.00

2011 Contribution

SUBTOTAL of Disbursements This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joseph Crowley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: 19270925

Date of Disbursement

07 / 26 / 2011

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Richard Hanna For Congress

Mailing Address 2308 Genesee Street

City Utica State NY Zip Code 13502

Purpose of Disbursement
Contribution

Candidate Name
Rep. Richard Hanna

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: 19270965

Date of Disbursement

07 / 26 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mark Critz For Congress Committee

Mailing Address 551 Main Street Suite 120

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mark Critz

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 12

Transaction ID: 19270983

Date of Disbursement

07 / 26 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Berman For Congress	Transaction ID: 19304989 Date of Disbursement
Mailing Address 6380 Wilshire Blvd. #1612	<div> <div>07</div> <div>29</div> <div>2011</div> </div>
City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Howard L. Berman	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) King For Congress	Transaction ID: 19304995 Date of Disbursement
Mailing Address 116 N Main St. PO Box 400	<div> <div>07</div> <div>29</div> <div>2011</div> </div>
City Early State IA Zip Code 50535	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Steve A. King	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Mike Thompson For Congress	Transaction ID: 19305000 Date of Disbursement
Mailing Address 5429 Madison Avenue	<div> <div>07</div> <div>29</div> <div>2011</div> </div>
City Sacramento State CA Zip Code 95841	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Michael Thompson	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Stabenow for U.S. Senate Mailing Address P.O. Box 4945	Transaction ID: 19305002 Date of Disbursement <div> <div>07</div> <div>29</div> <div>2011</div> </div>
City East Lansing State MI Zip Code 48826 Purpose of Disbursement Contribution Candidate Name Sen. Debbie Stabenow Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	Amount of Each Disbursement this Period <div>1750.00</div> Contribution
B. Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc. Mailing Address PO Box 682185 City Franklin State TN Zip Code 37068 Purpose of Disbursement Contribution Candidate Name Rep. Marsha Blackburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 07	Transaction ID: 19305011 Date of Disbursement <div> <div>07</div> <div>29</div> <div>2011</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Contribution
C. Full Name (Last, First, Middle Initial) Friends Of Bennie Thompson Mailing Address P.O. Box 100 City Bolton State MS Zip Code 39041 Purpose of Disbursement Contribution Candidate Name Rep. Bennie G. Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 02	Transaction ID: 19305015 Date of Disbursement <div> <div>07</div> <div>31</div> <div>2011</div> </div> Amount of Each Disbursement this Period <div>3000.00</div> Contribution

SUBTOTAL of Disbursements This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Terri Sewell For Congress

Mailing Address P.O. Box 1964

City
Birmingham

State
AL

Zip Code
35201

Purpose of Disbursement
Contribution

Candidate Name
Rep. Terri Sewell

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 07

Transaction ID: 19305020

Date of Disbursement

07 / 29 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Diane Black For Congress

Mailing Address 819 Plantation Blvd

City
Gallatin

State
TN

Zip Code
37066

Purpose of Disbursement
Contribution

Candidate Name
Rep. Diane Black

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: 19305042

Date of Disbursement

07 / 29 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Paul Tonko For Congress

Mailing Address 911 Central Avenue
PO Box 221

City
Albany

State
NY

Zip Code
12206

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul David Tonko

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 21

Transaction ID: 19305309

Date of Disbursement

07 / 29 / 2011

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution

Candidate Name
Rep. Henry A. Waxman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 30

Transaction ID: 19311202

Date of Disbursement

07 / 29 / 2011

Amount of Each Disbursement this Period

5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mo Brooks for Congress

Mailing Address 7610 Foxfire Drive

City Huntsville State AL Zip Code 35802

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mo Brooks

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 05

Transaction ID: 19311203

Date of Disbursement

07 / 29 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter Welch

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: VT District: 00

Transaction ID: 19311208

Date of Disbursement

07 / 29 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

63000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001	Transaction ID: 19310977 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>11.38</div> Merchant Fees
B. Full Name (Last, First, Middle Initial) Newtek Merchant Solutions Mailing Address 744 N 4th Street City Milwaukee State WI Zip Code 53203 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19310981 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>87.60</div> Merchant Fees
C. Full Name (Last, First, Middle Initial) Paymentech Mailing Address 14221 Dallas Parkway Building Two City Dallas State TX Zip Code 75254 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19310982 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>41.58</div> Merchant Fees

SUBTOTAL of Disbursements This Page (optional)

140.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 19310983

Date of Disbursement

07 / 19 / 2011

Amount of Each Disbursement this Period

0.16

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

0.16

TOTAL This Period (last page this line number only)

140.72

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John T Porter

Mailing Address 3900 West Avera Drive, Suite 301

City
Sioux Falls

State
SD

Zip Code
57108-5721

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19311213

Date of Disbursement

07 / 27 / 2011

Amount of Each Disbursement this Period

250.00

Refund

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00